



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH SERVICES DIVISION**

INDIVIDUAL YOUTH SERVICE AGREEMENT

THIS LETTER OF AGREEMENT IS BETWEEN:

**The State of Montana
Department of Corrections (DOC)
Youth Services Division
5 S Last Chance Gulch Street
Helena, MT 59601**

and

Service Provider/Program Name)

(Federal Provider ID Number)

(Location)

REGARDING THE SERVICE PLAN FOR THE FOLLOWING YOUTH:

Youth Name: _____	Youth ID: _____
CAPS ID: _____	Start Date: _____

PROJECTED CASE PLAN FOR YOUTH (according to 20.9.120(4) ARM)

Youth problems which require service provider's level and type of service:

- I. Service to be provided for the youth:
- II. Duration of the service:
- III. Desired outcome of the service and the measurement tool that will be used to determine this:
The service provider, in conjunction with the juvenile parole officer, agrees to develop a service case plan for the youth within 30 calendar days of the start of this service. Case plans will be based upon active treatment principles that define issues, goals and measurable objectives. Discharge planning will begin on the date services begin and will include a case plan that emphasizes family reunification and/or discharge to a lower level of services. Case plans will be updated every three months.
- IV. Discharge plans will include a step down or transfer plan of continuing services.
Upon the start of service, the service provider and juvenile parole officer shall jointly agree upon a discharge plan.
- V. Cost for service:

The Department of Corrections will pay for the youth's cost of services with the above listed service provider at a rate of \$ _____ per _____ .
- VI. Financially Responsible Parties:
 - A. All payments shall be for services provided as listed in I through V above. A current copy of the service provider license or certification will be maintained by the Department for use as reference documents pertaining to this service agreement.
 - B. The service provider understands that the Department shall be obligated to pay for only those services provided to youth under the supervision of the Department and only for the portion of the cost that the Department has agreed upon with the service provider, as reflected in the preceding section. The Department is not responsible for the assumption of costs that are the obligation of other parties relative to any cost share agreement. Nor is the Department responsible for payment of services provided to youth that are contracted by other agencies or parties unless such youth receives services under this agreement.

- C. The service provider will provide to the juvenile parole officer a progress report every 30 days and a discharge summary at the conclusion of service. These reports and summary will be used by the juvenile parole officer as documentation for changes to youth's case plan.
- D. The Juvenile Parole Officer will maintain monthly contact with the service provider, the youth, and other reentry team members.
- E. Photographs of the youth are not permitted for publication unless authorized by the parent or guardian.

SIGNATURES

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Juvenile Parole Officer	Date
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YCC Bureau Chief	Date
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Financial & Program Services Supervisor	Date
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Service Provider	Date

***Upon completion, please forward to the address indicated below:

Montana Department of Corrections
Youth Community Corrections Bureau
PO Box 201301
Helena, MT 59620-1301